

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037307

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 334 Primary Registration District No. 6084 Registrar's No. 197

FILED OCT 8 1962

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Blackwater Township</b>		c. CITY OR TOWN <b>Richards-Gebaur A.F. Base</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>7 miles east of Marshall Junction on hiway 40</b>		d. STREET ADDRESS (If outside, give location) <b>328th. A.B.G.P.</b>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>TIMOTHY IAN MAYER</b>			4. DATE OF DEATH Month Day Year <b>Oct. 5, 1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-23-1941</b>	9. AGE (last birthday) <b>21</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Airman second class</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>U.S. Air Force</b>		11. BIRTHPLACE (City and state or country) <b>Santa Monica, Calif., USA</b>
13a. FATHER'S NAME <b>Donnelly Brice Mayer</b>		13b. MOTHER'S MAIDEN NAME <b>Sara Hope Horton</b>		14. NAME OF HUSBAND OR WIFE <b>Records Richards-Gebaur A.F. Base</b>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes 2-12-1960</b>		17. INFORMANT <b>Records Richards-Gebaur A.F. Base</b>	
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Skull fracture. Anterior Right Side</b>		INTERVAL BETWEEN ONSET AND DEATH <b>15 min</b>
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)	DUE TO (c)
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Head on collision.</b>
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20c. TIME OF INJURY <b>9:45 p.m.</b>	Month, Day, Year <b>10-5-62</b>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>7 miles East of Marshall Jct. on Hiway 40</b>
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20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <b>Blackwater Twp., Saline, MO</b>	20g. COUNTY <b>Saline</b>	20h. STATE <b>MO</b>
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21. I attended the deceased from <b>Medical Investigation, 10-6-62</b> and last saw him alive on <b>10-6-62</b>		Death occurred at <b>10 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <b>C.L. Lawless M.D. Coroner Saline Co.</b>	(Degree or title)	22b. ADDRESS <b>Marshall Mo</b>	22c. DATE SIGNED <b>10-6-62</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>10-6-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lee Summit, Mo.</b>	23d. LOCATION (City, town, or county) (State) <b>Lee Summit, Mo.</b>
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24. FUNERAL DIRECTOR <b>Campbell-Lewis Marshall, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Oct. 6-62</b>	26. REGISTRAR'S SIGNATURE <b>Carl E. Reed</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59b970  
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OCT 17 1962

OCT 25 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*R.W. Campbell Jr.*

Licensed Embalmer No. 3469

P. O. Address Marshall, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.